Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

A	For th	ne 2009 calendar year, or tax year beginning $$ JUL 1 , $$ 2009 $$ and ending	<u>JUN 30, 2010</u>	
В	Check if	f Please use RS C Name of organization	D Employer identifi	cation number
	Addr	ress label of Targot at 1101 Datas GOMDANI		
	Name Chan	e type Doing Business As	68-0	465503
	Initia returi Term ated	Number and street (of P.O. box if mail is not delivered to street address) Room/si	Inte E Telephone numbe	
	Ame	City or town, state or country, and ZIP + 4	G Gross receipts \$	54,808.
	Appli tion pend	DANTA ROSA, CA 93401	H(a) Is this a group re	
	pone	F Name and address of principal officer: LINDA CONKLIN	for affiliates?	Yes X No
_	Tovos	SAME AS C ABOVE	H(b) Are all affiliates inc	
		white: $\triangleright N/A$	H(c) Group exemption	list. (see instructions)
				A State of legal domicile; CA
	art I	Summary		
ě	1	Bnefly describe the organization's mission or most significant activities: PROVIDES	FACILITIES A	T A REDUCED
Governance		RENT TO AFFILIATED EXEMPT ORGANIZATION THAT		
/ern	2	Check this box I if the organization discontinued its operations or disposed of n	t	ssets.
ģ	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
ලේ ග	5	Number of independent voting members of the governing body (Part VI, line 1b)	4	, , , , , , , , , , , , , , , , , , ,
itie	6	Total number of volunteers (estimate if necessary)	<u>5</u>	0
Activities &	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	11,017.
⋖	Ь	Net unrelated business taxable income from Form 990-T, line 34	7b	2,272.
		·	Prior Year	Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		
Revenue	9	Program service revenue (Part VIII, line 2g)		30,000.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11 017
	11	Other revenue (Part VIII, column (A) tines 5, 6d, 8c, 9c, 10c, and 11e)		11,017. 41,017.
_	12	Total revenue Fadd lines 8 through in (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part X, column (A), lines 1-3)		41,01/-
	13	Benefits paid to oxfor-members-(Part IX, column (A), line 4)		<u> </u>
co.		Salares, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16	a Professional fundraising fees (Part IX, column (A), line 11e)		
ge	ł	b Total fundraising expenses (Part IX, column (D), line 25)		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		123,667.
_	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		123,667.
) -	19	Revenue less expenses. Subtract line 18 from line 12		-82,650.
Assets or			Beginning of Current Year	End of Year
SSE	일 20	Total assets (Part X, line 16)	1,891,753. 699,576.	1,830,001.
SE C	21	Total liabilities (Part X, line 26)	1.192.177.	1.109.527.
	22 Part II	Net assets or fund balances. Subtract line 21 from line 20 I Signature Block	1,152,177	1,100,52,0
. <u>-</u>		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of my knowled	Ige and belief, it is true, correct,
-		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge of the complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	age A	1 -
Si	gn	Dunda Conkl T.D.	1 2/6	01/2
He	ere	Signature of officer	Date /	<i>/</i> · ·
		LINDA CONKLIN, EXECUTIVE DIRECTOR		
_		Type or print pame and title	Check if Prepar	rer's identifying number
Pa	id	Preparer's JOSEPH C. KITTS, CPA 01/31/12	colf. (see in	structions) 68 280
Pr	eparer'	8 Firm's name (or BURR PTLGER MAYER INC.	employed ► ☐ ☐ P	000 80 200
Us	e Only	self-employed). 110 STONY POINT ROAD, SUITE 210		
		ZIP+4 SANTA ROSA, CA 95401	Phone no. ► 7	07.544.4078
Ma	ay the	IRS discuss this return with the preparer shown above? (see instructions)		X Yes No
_	2001 02		instructions.	Form 990 (2009)

Form 990 (2009) LINCOLN HOLD
Part IV Checklist of Required Schedules

			Yes	No
1	ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		·	;
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			'
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	1		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	İ	
	Schedule D, Parts XI, XII, and XIII.	12		×
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		l	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009) LINCOLN HOLDING CO Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			l
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			۱
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	L	ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	L	X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	1		
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):) `		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	1		
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	L .	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	L .	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		_	990	

	990 (2009) LINCOLN HOLDING COMPANY 68-0465	503	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ŀ		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ŀ
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ļ
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		├
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		x	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	^	├─-
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
Ð	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
5 0	Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E.		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	30		
·	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	 ~		
•	any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	i .		
	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			1
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			l
_	at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			1
a	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	ł		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1	[
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable tructs. Is the organization filing Form 990 in liqu of Form 10412	122		1
12a	37/2	12a	\vdash	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	<u> </u>		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
_	and the second s	₂	Yes	No_
	Enter the number of voting members of the governing body	<u>'</u>		
b	Enter the number of voting members that are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	! _		- T
_	officer, director, trustee, or key employee?	2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		ŀ	
	of officers, directors or trustees, or key employees to a management company or other person?	3_	<u> </u>	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<u> </u>	Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X	L
6	Does the organization have members or stockholders?	6	ļ	Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	<u> </u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	_		
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	İ	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		1
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	 		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
а	The organization's CEO, Executive Director, or top management official	15a	1	X
ь		15b	1	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1.55	\vdash	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	ŀ	х
.	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100	 	
U	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	i	1
Soc	tion C. Disclosure	100	Ь	Ь
	List the states with which a copy of this Form 990 is required to be filed ▶CA			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	3 101		
	public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website W Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ınd fina	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:	_	
	LINDA CONKLIN - (707) 525-9223 709 DAVIS STREET, SANTA ROSA, CA 95401			
	709 DAVIS STREET, SANTA ROSA, CA 95401	F	.000	(0000)
		rorm	i yyU	(2009)

932006 02-04-10

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	mpensate an (B)				<u></u>			(D)	(E)	(F)
Name and Title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer		sated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
LINDA CONKLIN										
EXECUTIVE DIRECTOR		X		X				0.	0.	0.
PAT EDELMAN										
BOARD MEMBER		X			L			0.	0.	0.
NANCY MARTIN										
BOARD MEMBER		X						0.	0.	0.
KAY ALLEN				l					_	_
VICE PRESIDENT		X	<u> </u>	L	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	_	L	0.	0.	0.
JOE MARTIN				l				1		
SECRETARY		X	$ldsymbol{ld}}}}}}$	X	╙	$oxed{oxed}$		0.	0.	0.
PETE MAGRINI		l								
BOARD MEMBER		X	L	L	<u> </u>	Ļ	L_	0.	0.	0.
FRANCINE SCHULER		l		l						
PRESIDENT	.	X	 	X	ļ	ļ		0.	0.	0.
	·····									
	<u></u>									
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				\vdash			\vdash			
				\vdash			\vdash			
					 -	 -				

932007 02-04-10

<u> </u>	Section A. Officers, Directors, Tr (A) Name and title	(B) Average	Пріс			C)		est	(D) Reportable	(E) Reportable		(F) Estimate	
	Name and the	hours per week	Individual trustee or director			that	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS		amount of other compensa from the organization and related organizations.	of Ition e Ion ed
											\dashv		
										·			
											\dashv		
	4-24-			_									
			<u> </u>	-		_	├	L					
											\dashv		
		<u> </u>											
	otal otal number of individuals (including but i ompensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100] 0,000 in reportable	0.		0.
3 D	old the organization list any former officer			e, ke	y en	nplo	yee,	or I	nighest compensated e	mployee on		Yes	No
4 F	ne 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the s	um of reportab	le c							the organization		3	X
5 D	nd related organizations greater than \$15 old any person listed on line 1a receive or the organization? If "Yes," complete Schee	accrue compe	nsat	ion 1						rices rendered to		5	X
Section	on B. Independent Contractors Complete this table for your five highest or				ent c	cont	ract	ors 1	that received more than	\$100,000 of com	pens	-	
t	he organization. NONE (A)								(B)	<u> </u>		(C)	
	Name and business	s address							Description of s	services	<u>C</u>	ompensatio	<u>n</u>
												· -·	
													
	otal number of independent contractors 100,000 in compensation from the organ	_	not li	mite	d to		ose li O	sted	above) who received r	nore than		Form 990 ((3000)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				····
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees .				
6	Compensation not included above, to disqualified			<u></u>	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	· · · · · · · · · · · · · · · · · · ·			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion .			<u></u>	
13	Office expenses				
14	Information technology				·
15	Royalties				
16	Occupancy	57,999.	57,999.		
17	Travel .				
18	Payments of travel or entertainment expenses			l	
	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates _	F2 - 72			
22	Depreciation, depletion, and amortization	53,569.	53,569.		
23	Insurance	· · · · · · · · · · · · · · · · · · ·			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total			:	
	expenses shown on line 25 below.)	9 400		7 400	
а	THEFT LOSS	7,120.	2 000	7,120.	
b	UBTI TAX	3,288.	3,288.		
С	STATE TAX	1,606.	1,606.		
d	LICENSES AND PERMITS	50.	50.		
е	FEES	35.	35.		
f	All other expenses	100 66	112 - 1-	7 100	
<u>25</u>	Total functional expenses. Add lines 1 through 24f	123,667.	116,547.	7,120.	0.
26	Joint costs. Check here Lif following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

					(A) Beginning of year		(B) End of year
\neg	1	Cash - non-interest-bearing			914.	1	1,470.
	2	Savings and temporary cash investments				2	
ı	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			<u>-</u> .	4	
	5	Receivables from current and former officers, di	ectors.	trustees, kev			
		employees, and highest compensated employee					
		of Schedule L		, , , , , , , , , , , , , , , , , , , ,		5	
	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)) and persons described in section 495					
		Part II of Schedule L		´ '		6	-
"	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	•			8	<u>.</u>
AS	9	Prepaid expenses and deferred charges				9	
			i i				
		basis. Complete Part VI of Schedule D	10a	2,314,461.			
	ь	Less: accumulated depreciation	10b	485,930.	1,886,973.	10c	1,828,531
	11	Investments - publicly traded securities	100	100,000		11	
	12	Investments - other securities. See Part IV, line 1	1 .	· "		12	
	13	Investments - program-related. See Part IV, line		· · · · ·		13	
	14	Intangible assets	• •	· ···		14	
	15	Other assets. See Part IV, line 11	•	· ·	3,866.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34	ı, T	1,891,753.	16	1,830,001
\neg	17	Accounts payable and accrued expenses	21 11.10 0	''	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17	
	18	Grants payable	•			18	
- 1	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			,	20	
ູ	21	Escrow or custodial account liability. Complete I	Part IV o	f Schedule D		21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Liabilities	22	Payables to current and former officers, director		-			
ᅙᅠၙᅵ		highest compensated employees, and disqualifi					
دّ		of Schedule L	,			22	· -
	23	Secured mortgages and notes payable to unrela	ted thir	parties F	542,103.	23	532,407
	24	Unsecured notes and loans payable to unrelated			•	24	
	25	Other liabilities. Complete Part X of Schedule D		.	157,473.	25	188,067
	26	Total liabilities. Add lines 17 through 25		·	699,576.	26	720,474
\Box		Organizations that follow SFAS 117, check he	re 🕨	X and complete	·		
တ္က		lines 27 through 29, and lines 33 and 34.	•				
2	27	Unrestricted net assets			1,192,177.	27	1,109,527
ala	28	Temporarily restricted net assets		Ī		28	
g P	29	Permanently restricted net assets	-	Ī		29	
5		Organizations that do not follow SFAS 117, cl	neck he	re ▶ 🔲 and			
<u>.</u>		complete lines 30 through 34.					
Net Assets or Fund Balance	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		31	
ξ.	32	Retained earnings, endowment, accumulated in	•	r other funds	 	32	- :
۳ı	33	Total net assets or fund balances		· · · · · · · · · · · · · · · · · · ·	1,192,177.	33	1,109,527
-					1,891,753.	34	1,830,001

932012 02-04-10

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2000

Open to Public Inspection

Name of the organization

LINCOLN HOLDING COMPANY

Employer identification number 68-0465503

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a L Type I b Type II c Type III - Functionally integrated d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col. organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Schedule A (Form 990 or 990-EZ) 2009 LINCOLN HOLDING COMPANY 68-0465503 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1,680. 3,000. 71,375 76,055. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1,680. 3,000 71,375 76,055. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 76,055. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1,680. 76,055. 3.000 71.375 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is -6,0678,068. 24,702 11,315 3,013 41,031. regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) -4,387.117,086. 6,013. 8,068. 96,077. 11.315 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 64.96 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

18

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 Investment income percentage from 2008 Schedule A, Part III, line 17

%

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

	LINCOLN HOLDING CO		68-0465503
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
	, , ,		<u></u>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	L	
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's	•	Yes L No
6	Did the organization inform all grantees, donors, and donor a		· · · · · · · · · · · · · · · · · · ·
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	_ — —
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganızation answered "Yes" to Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an histor	ncally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	nucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	` '	2d
3	Number of conservation easements modified, transferred, re		
3	_	seased, extinguished, or terminated by the o	rganization during the tax
	year Number of states where preparty subject to consequence or	annest is leasted	
4	Number of states where property subject to conservation ea	· ———	
5	Does the organization have a written policy regarding the pe		Yes No
_	violations, and enforcement of the conservation easements i	•	
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes the	e organization's accounting for
_	conservation easements.		·
Pai	t III Organizations Maintaining Collections of	•	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and bala	nce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance	sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service, p	provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	· · · · ·	▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial o	ain, provide
_	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	•
а	Revenues included in Form 990, Part VIII, line 1	•	▶ \$
b	Assets included in Form 990, Part X		> \$
J	rosoto included ili i citti 330, Fait A		-

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

1,828,531.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for

932053 02-01-10

uncertain tax positions under FIN 48.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ➤ Attach to Form 990.

OMB No 1545-0047 **Open to Public** Inspection

Employer identification number

Name of the organization LINCOLN HOLDING COMPANY	Employer identification number 68-0465503
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
SUPPORT SERVICES TO AT-RISK CHILDREN AND THEIR FAMILIES.	
FORM 990, PART VI, SECTION A, LINE 5: THE ORGANIZATION HA	S BECOME AWARE
OF EMBEZZLEMENT OF ASSETS BY A PRIOR BOOKKEEPER WHICH OCC	URED IN THE 2009
YEAR. TOTAL AMOUNT EMBEZZLED IN 2009 FROM THE ORGANIZATION	N WAS \$7,120.44.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION H	AS PROVIDED A
COPY OF FORM 990 TO ALL MEMBERS OF ITS GOVERNING BODY TO	REVIEW BEFORE
FILING THIS RETURN.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	ANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009 Open to Public Inspection

Employer identification number 68-0465503 9 3 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. € Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) 3 3 LINCOLN HOLDING COMPANY 3 Name of the organization Department of the Treasury Internal Revenue Service Part

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(1) Direct controlling entity
Part II	Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ions (Complete if the organization ans	swered "Yes" to Form 990, Parl	t IV, line 34 because	s it had one or more re	lated tax-exempt

, , , , , , , , , , , , , , , , , , , ,				,	
(a)	(q)	(c)	(p)	(e)	(J)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
KID STREET LEARNING CENTER INC - 68-0306527 PROVIDE EDUCATIONAL SUPPORT	PROVIDE EDUCATIONAL SUPPORT				
709 DAVIS ST	TO CHILDREN AND FAMILIES				
SANTA ROSA, CA 95406	LIVING IN CRISIS	CALIFORNIA	501(C)(3)	LINE 2	N/A

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Schedule R (Form 990) 2009

68-0465503 Page 2

Schedule R (Form 990) 2009 LINCOLN HOLDING COMPANY

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) (b) (c) (d) (e) (f) (g) (h) (l) (l)	Primary activity Legal domicile (state or country) Legal domicile country) Legal domicile country) Legal domicile country) Entity Excluded from tax under country) Predominant income share of total income assets Income assets Entity Code V-UBI ammount in box may activity Form 1065) Ye Real locations Part ammount in box may assets Res allocations Part ammount in box may assets Frequency (Righted, unrelated,			Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) (b) (c) (d) (e) (f) (f) (g) (h) (h) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			
	Name, address, and Ein of related organization			Part IV Identification of Related Organizations Taxa organizations treated as a corporation or trust	(a) Name, address, and EIN of related organization			

Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.		Yes No
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to other organization(s)		4 Þ
c Gift, grant, or capital contribution from other organization(s)	: : : :	1
d Loans or loan guarantees to or for other organization(s)	•	14 P
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		×
g Purchase of assets from other organization(s)	•	1g X
h Exchange of assets		th X
i Lease of facilities, equipment, or other assets to other organization(s)		i.
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)	:	× × ×
Performance of services or membership or fundralsing solicitations by other organization(s) - Channel of facilities equipment mailing lists or other assets		4 ×
n Sharing of paid employees		
o Reimbursement paid to other organization for expenses		10 X
	:	t X
 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 		t + X X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	insaction thresholds.	
(a) Name of other organization(s)	(b) Transaction type (a-t)	(c) Amount involved
(1)		
(4)		
(5)		
(9)		
932163 02-04-10	Scheduk	Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(p)	(0)	9	(9)	ε	(6)	Ξ
Name address	Prima	alicile	Are all partners	Share	Dispropor-		
of entity	(1)	_	section 501(c)(3) organizations?		tionate allocations?	amount in box 20	managing partner?
		country)	Yes No		Yes No		1 ° 1
				-			
							•
							_
					-		
						_	_
						Schedule R (Form 990) 2009	1 990) 2009

preci	ation and Amortiz	ation Detail COF	MMERCIAL PROPI	ERTY		RENT 1
sset			Description of p	property		
mber	Date Method placed IRC sec	d/ Life Line c. or rate No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
92	in service 110 sec BUILDINGS		0.1101 00010	1000000	aopi colation valled in the autom	0000000
92	01010185	30.0016	82,500.		23,375.	2,750
93	LAND	_ ρυ•υυμυ	02,500.	·	23,373.	2,75
7,0	01,01,01L	- 	66,000.		· · · · · · · · · · · · · · · · · · ·	(
94	IMPROVEMENTS		00,000.		<u> </u>	
	010101SL	30.0016	87,933.	-:	22,114.	2,931
95	BOILER		<u> </u>		/	
	10,01,07 SL	15.0016	9,463.		1,104.	63:
96	IRRIGATION S					
	0911 ₀ 8 SL	15.0016	128.		7.	-
97	LANDSCAPING					
	091008SL	30.0016	7,851.		218.	26
98	STAIRS					
	01 ₂ 7 ₀ 95L	30.0016	138.		2.	
99	HVAC					
	01 ₂ 21 ₀ 9 SL	15.0016	385.		11.	2
100	SUMP PUMP					
	102909SL	15.0016	193.			
	* 990 RENTAL	TOTAL OTH		****		
			254,591.	0.	46,831.	6,62
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261 4-09			Current year section 179	(D) - Asset dispo		

	attornation A		THOM BC	can r	ORM 990 PAGE Description			990
Asset Number	Date	Method/	Life	Line No.	Cost or	Basis	Accumulated	Current year
- 03	placed in service	IRC sec.	or rate	No.	other basis	reduction	Accumulated depreciation/amortization	Current year deduction
	01,01,01		30.00	16	667,500.		189,125.	22,250.
84	LAND 01,01,01	μ		<u> </u>	534,000.			0.
85	IMPROVEM	ENTS	12.0.00	Н 🗸			170 005	
86	01 ₀ 01 ₀ 1 BOILER	•	30.00		711,457.		178,925.	23,715.
87	100107 IRRIGATI		15.00 ZSTEM	16	76,567.		8,933.	5,104.
	091108	SL	15.00	16	1,038.		58.	69.
1 88	LANDSCAP		30.00	16	63,524.		1,765.	2,117.
89	STAIRS 01,27,09	IST.	30.00	116	1,112.		15.	37.
90	HVAC			•				ı
91	01 ₂ 21 ₀ 9 SUMP PUM		15.00	μ6	3,115.		86.	208.
	10 ₂ 29 ₀ 09		15.00		1,557. THER			69.
		GE TO			2,059,870.	0.	378,907.	53,569.
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916261 04-24-09		1		#	- Current year section 179	(D) - Asset dispos	sed	